



Legally Law Society of Advocates NPC (LLSA)

Unit 1E, First Floor
 Selborne Centre
 144 Cantonments Road
 Lyttelton Manor
 Centurion
 0157

MEMBERSHIP APPLICATION FORM

1. Personal Details

Full Names:			
Surname:			
ID Number:			
Home Address:			Postal Code:
Work Address:			Postal Code:
Postal Address:			Postal Code:
Phone Number:			
Fax Number:			
Cell phone Number:			
Email Address:			

2. Next of Kin

Name:	
Relationship:	
Contact Number:	
Email Address:	

3. Demographics

Nationality:			
If you are not a South African citizen, please provide your passport number:			
If you are a South African citizen, please choose from the following how citizenship was obtained:	By birth / descent		By marriage
	By naturalisation		Other
Race:			
Gender:			

4. Academic Qualifications:

Qualification	School / Institution	Completion Date

5. Awards and Achievements:

Award / Achievement	Obtained from	Date

6. Practical Experience:

Institution / Organisation	Designation	Date from	Date to	Full time / Part Time

7. Advocate's Admission:

Date of admission:				
Court Division where admitted:				
Practicing / Non-Practicing:				
Are you currently on the roll of advocates?	Yes		No	
Legal Practice Council membership number				
Type of advocate practice (<i>Please tick the applicable box/es</i>)	Trust Account		Referral	

8. Previous Memberships:

Have you previously been a member of a Bar or Society?	Yes		No	
If yes, please provide the name(s) of the Bar or Society as well as membership duration:				

9. References:

Name:	
Relationship:	
Contact Number:	
Email Address:	

Name:	
Relationship:	
Contact Number:	
Email Address:	

Name:	
Relationship:	
Contact Number:	
Email Address:	

10. Full disclosure:

Have you ever been investigated or charged with dishonesty, fraud, misconduct, or any other form of disciplinary action? If yes, please provide details:

Have you ever been investigated or charged with any criminal offense for which you were found guilty, pleaded guilty, paid an admission of guilt or any other form of disciplinary action? If yes, please provide details:

Do you suffer from any physical, mental, or other health condition that may have a negative impact on your ability to practice as an advocate? If yes, please provide details:

